



PTO/SB/21 (04-04)

1632
TFW**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

09/857,233

Filing Date

December 1, 1999

First Named Inventor

MARTH and FREEZE

Art Unit

1632

Examiner Name

Crouch, Deborah

Attorney Docket Number

19452A-000130US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Townsend and Townsend and Crew LLP

Kevin Bastian

Reg. No. 34,774

Signature

Date

August 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Stephanie J. Whitehurst

Signature

Date

August 2, 2004

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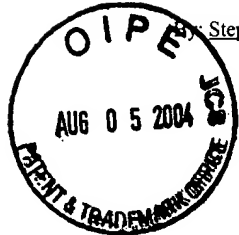
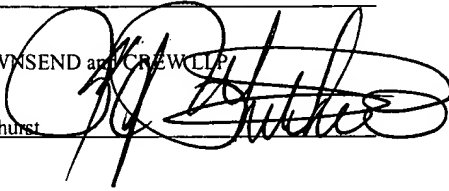
PATENT
Attorney Docket No.: 19452A-000130US
Client Ref. No.: SD1999-001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On August 2, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Stephanie J. Whitehurst



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MARTH and FREEZE

Application No.: 09/857,233

Filed: December 1, 1999

For: DIAGNOSIS OF HUMAN
GLYCOSYLATION DISORDERS

Customer No.: 20350

Confirmation No. 9630

Examiner: Crouch, Deborah

Technology Center/Art Unit: 1632

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 1, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.